

# Kansas Medical Assistance Program



From the office of the Fiscal Agent

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

P.O. Box 3571, Topeka KS 66601-3571  
Prior Authorization: 1-800-285-4978 or 785-274-5499  
Prior Authorization Fax Lines: 1-800-913-2229 or 785-274-5956

## Remicade Prior Authorization Request Form

Beneficiary Name: \_\_\_\_\_

Beneficiary Medicaid ID #: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Medicaid ID#: \_\_\_\_\_ Pharmacy NPI#: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Drug Name: \_\_\_\_\_ NDC Requested: \_\_\_\_\_

**-OR-**

Billing provider's Name (Physicians **OR** Facility): \_\_\_\_\_

Provider Medicaid ID#: \_\_\_\_\_ Provider NPI#: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Procedure Code requesting: \_\_\_\_\_ Total # of units requesting per 6 months: \_\_\_\_\_

1. Please indicate the **diagnosis and severity** for which Remicade is being prescribed (no dx codes):  
\_\_\_\_\_

2. Is the consumer taking methotrexate? Yes \_\_\_\_ No \_\_\_\_

3. Prescribed by a Rheumatologist: Yes \_\_\_\_ No \_\_\_\_

4. Prescribed by a Gastroenterologist: Yes \_\_\_\_ No \_\_\_\_

5. Prescribed by Dermatologist? Yes \_\_\_\_ No \_\_\_\_

6. For Ankylosing Spondylitis, documentation of inadequate response to two or more NSAID's or adverse drug reaction: \_\_\_\_\_

7. For chronic severe plaque psoriasis: Is patient a candidate for photo therapy or systemic therapy?  
\_\_\_\_\_

8. TB skin test results: \_\_\_\_/\_\_\_\_/\_\_\_\_ Positive \_\_\_\_ Negative \_\_\_\_

Prescribing Physician's Name: \_\_\_\_\_

Prescribing Physician's Medicaid ID#: \_\_\_\_\_ Prescribing Physician's NPI#: \_\_\_\_\_

Prescribing Physician's phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Prescribing Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.  
This form will be returned unprocessed if it is not completed in its entirety.